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CENTRAL FAX CENTER**FAX TRANSMISSION****SEP 29 2006****DATE:** September 29, 2006**PTO IDENTIFIER:** Application Number 10/057,112-Conf. #/1887  
**Patent Number****Inventor:** Kurt Osther et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Peter F. Corless

**PHONE:** (617) 439-4444**Attorney Dkt. #:** 56876(45579)**PAGES (Including Cover Sheet):** 17**CONTENTS:** Amendment Transmittal (1 page), including duplicate copy;  
Petition for Extension of Time Under 37 CFR 1.136(a) (1 page), including duplicate copy;  
Amendment and Response (11 pages);  
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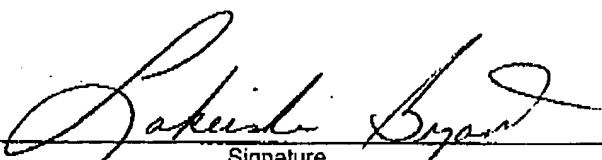
Application No. (if known): 10/057,112

Attorney Docket No.: 56876(45579)

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<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 56876(45579)	
Application No.	Filing Date	Examiner		Art Unit	
10/057,112-Conf. #1887	January 25, 2002	C. L. Miller		3738	
Applicant(s): Kurt Osther et al.					
Invention: IN VITRO REPAIR OF BONE AND/OR CARTILAGE DEFECTS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
Total Claims	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
20	20	- 29 =		x	
Independent Claims	3	- 8 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					510.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>510.00</b>
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. 04-1105 in the amount of \$ 510.00 A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Dated: September 29, 2006					
Peter F. Corless Attorney/Agent Reg. No.: 33,860					
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 Peter F. Corless Attorney/Agent Reg. No.: 33,860		Dated: September 29, 2006	
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